

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT** ▼Example: If typing, type  
over the lines

Principal Life Insurance Company Political Action Committee

ADDRESS (number and street)  
▼

711 High Street

Government Relations

☐Check if different  
than previously  
reported. (ACC)

Des Moines

IA

50392

0220

2. **FEC IDENTIFICATION NUMBER** ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00128918

3. IS THIS  
REPORT☒NEW  
(N)**OR**☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report (Q1)☐July 15  
Quarterly Report (Q2)☐October 15  
Quarterly Report (Q3)☐January 31  
Quarterly Report (YE)☐July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☒

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

07

01

2010

through

07

31

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Mr. Art Bacci

Signature of Treasurer

Electronically Filed by Mr. Art Bacci

Date

08

13

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

A. Form/Schedule : **F3X**

Transaction ID :

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

3 / 84

Write or Type Committee Name

Principal Life Insurance Company Political Action Committee

Report Covering the Period:

From:

M M  
0 7D D  
0 1Y Y Y Y  
2 0 1 0

To:

M M  
0 7D D  
3 1Y Y Y Y  
2 0 1 0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>Y Y Y Y 2010</span>		63408.03
(b) Cash on Hand at Beginning of Reporting Period .....	34628.33	
(c) Total Receipts (from Line 19) .....	12722.44	98263.74
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	47350.77	161671.77
7. Total Disbursements (from Line 31) .....	11500.00	125821.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	35850.77	35850.77
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

4 / 84

Write or Type Committee Name

Principal Life Insurance Company Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	7	0	1	2	0	1	0

To:

M	M	D	D	Y	Y	W	Y
0	7	3	1	2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	8018.45	43087.55
(ii) Unitemized .....	4703.99	55176.19
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	12722.44	98263.74
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	12722.44	98263.74
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	12722.44	98263.74
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	12722.44	98263.74

## DETAILED SUMMARY PAGE

of Disbursements

5 / 84

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	71.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	0.00	71.00	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4000.00	105000.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00	
29. Other Disbursements.....	7500.00	20750.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	11500.00	125821.00	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11500.00	125821.00	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

6 / 84

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	12722.44	98263.74
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	12722.44	98263.74
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	71.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	71.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Principal Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Noel John Anderson

Mailing Address 201 Jones Rd

Principal Financial Grp

City

Waltham

State

MA

Zip Code

02451-1600

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

Reg VP - Nonqualified Plans

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 15 / 2010

Transaction ID: 20100803562-899

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Noel John Anderson

Mailing Address 201 Jones Rd

Principal Financial Grp

City

Waltham

State

MA

Zip Code

02451-1600

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

Reg VP - Nonqualified Plans

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 30 / 2010

Transaction ID: 20100803562-900

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Arthur John Bacci

Mailing Address 6200 Park Ave

City

Des Moines

State

IA

Zip Code

50321-1270

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

VP-CEO/President PTC & Bank

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

432.60

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 09 / 2010

Transaction ID: 20100803562-48

Amount of Each Receipt this Period

28.84

**SUBTOTAL** of Receipts This Page (optional) .....

68.84

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Principal Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Arthur John Bacci

Mailing Address 6200 Park Ave

City

Des Moines

State

IA

Zip Code

50321-1270

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

VP-CEO/President PTC & Bank

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

432.60

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: 20100803562-49

Amount of Each Receipt this Period

28.84

**B.**

Full Name (Last, First, Middle Initial)

Craig Lawrence Bassett

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

VP & Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

476.10

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: 20100803562-183

Amount of Each Receipt this Period

31.74

**C.**

Full Name (Last, First, Middle Initial)

Craig Lawrence Bassett

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

VP & Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

476.10

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: 20100803562-184

Amount of Each Receipt this Period

31.74

**SUBTOTAL** of Receipts This Page (optional) .....

92.32

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Principal Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Michael Jon Beer

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

VP-Mutual Funds & Broker Dealer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: 20100803562-821

Amount of Each Receipt this Period

35.00

**B.**

Full Name (Last, First, Middle Initial)

Michael Jon Beer

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

VP-Mutual Funds & Broker Dealer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: 20100803562-822

Amount of Each Receipt this Period

35.00

**C.**

Full Name (Last, First, Middle Initial)

Louise A. Billmeyer

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

VP - Health IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: 20100803562-713

Amount of Each Receipt this Period

39.00

**SUBTOTAL** of Receipts This Page (optional) .....

109.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Principal Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Louise A. Billmeyer

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

VP - Health IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: 20100803562-714

Amount of Each Receipt this Period

39.00

**B.**

Full Name (Last, First, Middle Initial)

Kim M. Blaugher

Mailing Address 910 W Main St  
Ste 316

City

Boise

State

ID

Zip Code

83702-5733

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

VP Consulting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: 20100803562-627

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Kim M. Blaugher

Mailing Address 910 W Main St  
Ste 316

City

Boise

State

ID

Zip Code

83702-5733

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

VP Consulting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: 20100803562-628

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

79.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Principal Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Patti R. Blumer

Mailing Address 1350 I St NW  
Ste 880

City State Zip Code  
Washington DC 20005-7207

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Principal Life Ins Co.

Occupation  
Director, Federal Gov Rel-DC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

726.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: 20100803562-923

Amount of Each Receipt this Period

48.40

**B.**

Full Name (Last, First, Middle Initial)

Patti R. Blumer

Mailing Address 1350 I St NW  
Ste 880

City State Zip Code  
Washington DC 20005-7207

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Principal Life Ins Co.

Occupation  
Director, Federal Gov Rel-DC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

726.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: 20100803562-924

Amount of Each Receipt this Period

48.40

**C.**

Full Name (Last, First, Middle Initial)

Christopher Joseph Bowman

Mailing Address 711 High St

City State Zip Code  
Des Moines IA 50392-0001

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Principal Life Ins Co.

Occupation  
VP-Corp Strategic Dev & Mktg

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: 20100803562-161

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

146.80

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Principal Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Christopher Joseph Bowman

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

VP-Corp Strategic Dev & Mktg

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: 20100803562-162

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

David James Brown

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

VP - Compliance

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

476.10

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: 20100803562-241

Amount of Each Receipt this Period

31.74

**C.**

Full Name (Last, First, Middle Initial)

David James Brown

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

VP - Compliance

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

476.10

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: 20100803562-242

Amount of Each Receipt this Period

31.74

**SUBTOTAL** of Receipts This Page (optional) .....

113.48

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 84

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Principal Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Jill Renae Brown

Mailing Address 1100 Investment Blvd

City

El Dorado Hills

State

CA

Zip Code

95762-5710

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

CFO-Principal Funds

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.70

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	9		2	0	1	0

Transaction ID: 20100803562-493

Amount of Each Receipt this Period

15.38

**B.**

Full Name (Last, First, Middle Initial)

Jill Renae Brown

Mailing Address 1100 Investment Blvd

City

El Dorado Hills

State

CA

Zip Code

95762-5710

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

CFO-Principal Funds

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.70

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	3		2	0	1	0

Transaction ID: 20100803562-494

Amount of Each Receipt this Period

15.38

**C.**

Full Name (Last, First, Middle Initial)

Paul Alvin Brown

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

VP- Institutional Mkt Segment

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	9		2	0	1	0

Transaction ID: 20100803562-925

Amount of Each Receipt this Period

39.00

SUBTOTAL of Receipts This Page (optional) .....

69.76

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Principal Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Paul Alvin Brown

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

VP- Institutional Mkt Segment

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: 20100803562-926

Amount of Each Receipt this Period

39.00

**B.**

Full Name (Last, First, Middle Initial)

Ned Alan Burmeister

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal International,  
Inc.

Occupation

SVP & COO - PI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: 20100803562-893

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Ned Alan Burmeister

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal International,  
Inc.

Occupation

SVP & COO - PI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: 20100803562-894

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

139.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Principal Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Barbara B. Burnett

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

Sr Corp Negotiator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: 20100803562-58

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Barbara B. Burnett

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

Sr Corp Negotiator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: 20100803562-59

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Thomas L. Burnor

Mailing Address 18101 Von Karman Ave  
Ste 1170

City

Irvine

State

CA

Zip Code

92612-7169

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

VP of Sales - Retirement Svcs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

432.75

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: 20100803562-1187

Amount of Each Receipt this Period

28.85

**SUBTOTAL** of Receipts This Page (optional) .....

68.85

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Principal Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Thomas L. Burnor

Mailing Address 18101 Von Karman Ave  
Ste 1170

City State Zip Code  
Irvine CA 92612-7169

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Principal Life Ins Co.

Occupation  
VP of Sales - Retirement Svcs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

432.75

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: 20100803562-1188

Amount of Each Receipt this Period

28.85

**B.**

Full Name (Last, First, Middle Initial)

Gregory John Burrows

Mailing Address 711 High St

City State Zip Code  
Des Moines IA 50392-0001

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Principal Life Ins Co.

Occupation  
SVP Retirement & Investor Svcs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

951.75

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: 20100803562-393

Amount of Each Receipt this Period

63.45

**C.**

Full Name (Last, First, Middle Initial)

Gregory John Burrows

Mailing Address 711 High St

City State Zip Code  
Des Moines IA 50392-0001

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Principal Life Ins Co.

Occupation  
SVP Retirement & Investor Svcs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

951.75

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: 20100803562-394

Amount of Each Receipt this Period

63.45

**SUBTOTAL** of Receipts This Page (optional) .....

155.75

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Principal Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Teresa Marie Button

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

Chief Accounting Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: 20100803562-1167

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)

Teresa Marie Button

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

Chief Accounting Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: 20100803562-1168

Amount of Each Receipt this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)

Chris Tonnis Calos

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

VP - SBD Distribution

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

477.75

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: 20100803562-151

Amount of Each Receipt this Period

31.85

**SUBTOTAL** of Receipts This Page (optional) .....

61.85

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Principal Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Chris Tonnis Calos

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

VP - SBD Distribution

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

477.75

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: 20100803562-152

Amount of Each Receipt this Period

31.85

B.

Full Name (Last, First, Middle Initial)

Nicholas M. Cecere

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

VP-Individual Distribution

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: 20100803562-895

Amount of Each Receipt this Period

38.46

C.

Full Name (Last, First, Middle Initial)

Nicholas M. Cecere

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

VP-Individual Distribution

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: 20100803562-896

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional) .....

108.77

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Principal Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Lillian Ilin Chen

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation  
VP Tax

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: 20100803562-677

Amount of Each Receipt this Period

32.00

**B.**

Full Name (Last, First, Middle Initial)

Lillian Ilin Chen

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation  
VP Tax

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: 20100803562-678

Amount of Each Receipt this Period

32.00

**C.**

Full Name (Last, First, Middle Initial)

Barrie Gibb Christman

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation  
VP-Individual Investor Svcs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

577.05

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: 20100803562-66

Amount of Each Receipt this Period

38.47

**SUBTOTAL** of Receipts This Page (optional) .....

102.47

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 84

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Principal Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Barrie Gibb Christman

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

VP-Individual Investor Svcs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

577.05

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	3		2	0	1	0

Transaction ID: 20100803562-67

Amount of Each Receipt this Period

38.47

**B.**

Full Name (Last, First, Middle Initial)

Timothy Joseph Cleary

Mailing Address 11100 Wayzata Blvd  
Principal Financial Group, Ste 211

City

Minnetonka

State

MN

Zip Code

55305-5537

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

VP Consulting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.70

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	9		2	0	1	0

Transaction ID: 20100803562-1199

Amount of Each Receipt this Period

15.38

**C.**

Full Name (Last, First, Middle Initial)

Timothy Joseph Cleary

Mailing Address 11100 Wayzata Blvd  
Principal Financial Group, Ste 211

City

Minnetonka

State

MN

Zip Code

55305-5537

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

VP Consulting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.70

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	3		2	0	1	0

Transaction ID: 20100803562-1200

Amount of Each Receipt this Period

15.38

SUBTOTAL of Receipts This Page (optional) .....

69.23

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Principal Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Eileen Mary Conroy

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

AVP-Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.70

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: 20100803562-349

Amount of Each Receipt this Period

15.38

**B.**

Full Name (Last, First, Middle Initial)

Eileen Mary Conroy

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

AVP-Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.70

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: 20100803562-350

Amount of Each Receipt this Period

15.38

**C.**

Full Name (Last, First, Middle Initial)

Cathy L. Cory

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

State/Fed Compl Consult

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: 20100803562-141

Amount of Each Receipt this Period

17.00

**SUBTOTAL** of Receipts This Page (optional) .....

47.76

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Principal Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Cathy L. Cory

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

State/Fed Compl Consult

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: 20100803562-142

Amount of Each Receipt this Period

17.00

**B.**

Full Name (Last, First, Middle Initial)

Michael W. Cumings

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: 20100803562-827

Amount of Each Receipt this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)

Michael W. Cumings

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: 20100803562-828

Amount of Each Receipt this Period

15.00

**SUBTOTAL** of Receipts This Page (optional) .....

47.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Principal Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Andrew Piper Dalglish

Mailing Address 4141 Parklake Ave  
Ste 400

City State Zip Code  
Raleigh NC 27612-2333

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Principal Life Ins Co.

Occupation  
Director-Non-Qualified

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: 20100803562-22

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)

Andrew Piper Dalglish

Mailing Address 4141 Parklake Ave  
Ste 400

City State Zip Code  
Raleigh NC 27612-2333

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Principal Life Ins Co.

Occupation  
Director-Non-Qualified

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: 20100803562-23

Amount of Each Receipt this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)

Ronald L. Danilson

Mailing Address 711 High St

City State Zip Code  
Des Moines IA 50392-0001

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Principal Life Ins Co.

Occupation  
SVP Retirement & Investor Svcs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: 20100803562-1035

Amount of Each Receipt this Period

65.00

**SUBTOTAL** of Receipts This Page (optional) .....

95.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Principal Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Ronald L. Danilson

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

SVP Retirement & Investor Svcs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: 20100803562-1036

Amount of Each Receipt this Period

65.00

**B.**

Full Name (Last, First, Middle Initial)

Michael John Daugherty

Mailing Address 6525 Chancellor Dr  
Cedar Falls Industrial Park

City

Cedar Falls

State

IA

Zip Code

50613-6957

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

VP- Emerging Mkt Segment

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.25

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: 20100803562-830

Amount of Each Receipt this Period

31.75

**C.**

Full Name (Last, First, Middle Initial)

Gary Lane Dorton

Mailing Address 4141 Parklake Ave  
Ste 400

City

Raleigh

State

NC

Zip Code

27612-2333

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

VP-Employer Solutions & Serv

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

476.10

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: 20100803562-373

Amount of Each Receipt this Period

31.74

**SUBTOTAL** of Receipts This Page (optional) .....

128.49

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Principal Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Gary Lane Dorton

Mailing Address 4141 Parklake Ave  
Ste 400

City State Zip Code  
Raleigh NC 27612-2333

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Principal Life Ins Co.

Occupation  
VP-Employer Solutions & Serv

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

476.10

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: 20100803562-374

Amount of Each Receipt this Period

31.74

**B.**

Full Name (Last, First, Middle Initial)

Timothy Mark Dunbar

Mailing Address 711 High St

City State Zip Code  
Des Moines IA 50392-0001

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Principal Life Ins Co.

Occupation  
Exec Dir - Equities

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

951.90

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: 20100803562-1205

Amount of Each Receipt this Period

63.46

**C.**

Full Name (Last, First, Middle Initial)

Timothy Mark Dunbar

Mailing Address 711 High St

City State Zip Code  
Des Moines IA 50392-0001

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Principal Life Ins Co.

Occupation  
Exec Dir - Equities

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

951.90

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: 20100803562-1206

Amount of Each Receipt this Period

63.46

**SUBTOTAL** of Receipts This Page (optional) .....

158.66

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Principal Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Gregory Bernard Elming

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

SVP &amp; Controller

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: 20100803562-395

Amount of Each Receipt this Period

64.00

B.

Full Name (Last, First, Middle Initial)

Gregory Bernard Elming

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

SVP &amp; Controller

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: 20100803562-396

Amount of Each Receipt this Period

64.00

C.

Full Name (Last, First, Middle Initial)

Ralph Craig Eucher

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

SVP HR &amp; Corp Svcs

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: 20100803562-961

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional) .....

153.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Principal Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Ralph Craig Eucher

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

SVP HR & Corp Svcs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: 20100803562-962

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Nora Mary Everett

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

SVP Retirement & Investor Svcs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: 20100803562-901

Amount of Each Receipt this Period

45.00

**C.**

Full Name (Last, First, Middle Initial)

Nora Mary Everett

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

SVP Retirement & Investor Svcs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: 20100803562-902

Amount of Each Receipt this Period

45.00

**SUBTOTAL** of Receipts This Page (optional) .....

115.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Principal Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Douglas Alan Fick

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

VP - SBD IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: 20100803562-329

Amount of Each Receipt this Period

38.00

**B.**

Full Name (Last, First, Middle Initial)

Douglas Alan Fick

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

VP - SBD IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: 20100803562-330

Amount of Each Receipt this Period

38.00

**C.**

Full Name (Last, First, Middle Initial)

Michael Patrick Finnegan

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

VP & Chief Invest Officer- PMC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: 20100803562-833

Amount of Each Receipt this Period

32.00

**SUBTOTAL** of Receipts This Page (optional) .....

108.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Principal Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Michael Patrick Finnegan

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

VP & Chief Invest Officer- PMC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: 20100803562-834

Amount of Each Receipt this Period

32.00

**B.**

Full Name (Last, First, Middle Initial)

Jed A. Fisk

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

VP Corp Svc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: 20100803562-453

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Jed A. Fisk

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

VP Corp Svc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: 20100803562-454

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

72.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 84

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Principal Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Louis E. Flori

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

VP - Capital Markets

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	9	/	2	0	1	0

Transaction ID: 20100803562-711

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Louis E. Flori

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

VP - Capital Markets

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	3	/	2	0	1	0

Transaction ID: 20100803562-712

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Brent Eugene Fritz

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

VP &amp; Actuary-Individual

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

476.10

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	9	/	2	0	1	0

Transaction ID: 20100803562-105

Amount of Each Receipt this Period

31.74

SUBTOTAL of Receipts This Page (optional) .....

71.74

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Principal Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Brent Eugene Fritz

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

VP & Actuary-Individual

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

476.10

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: 20100803562-106

Amount of Each Receipt this Period

31.74

**B.**

Full Name (Last, First, Middle Initial)

Paul E. Fromm

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

AVP-Retirement & Investor Serv

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: 20100803562-929

Amount of Each Receipt this Period

19.23

**C.**

Full Name (Last, First, Middle Initial)

Paul E. Fromm

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

AVP-Retirement & Investor Serv

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: 20100803562-930

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional) .....

70.20

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Principal Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Cary Allan Fuchs

Mailing Address 1100 Investment Blvd

City

El Dorado Hills

State

CA

Zip Code

95762-5710

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

Dir-Transfer Agent &amp; Adm Svcs

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: 20100803562-133

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Cary Allan Fuchs

Mailing Address 1100 Investment Blvd

City

El Dorado Hills

State

CA

Zip Code

95762-5710

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

Dir-Transfer Agent &amp; Adm Svcs

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: 20100803562-134

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Thomas John Graf

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

SVP Investor Relations

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

2475.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: 20100803562-1191

Amount of Each Receipt this Period

165.00

SUBTOTAL of Receipts This Page (optional) .....

205.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Principal Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Thomas John Graf

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

SVP Investor Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2475.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: 20100803562-1192

Amount of Each Receipt this Period

165.00

**B.**

Full Name (Last, First, Middle Initial)

Lynn Marie Graves

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

VP Corporate Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: 20100803562-719

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

Lynn Marie Graves

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

VP Corporate Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: 20100803562-720

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional) .....

245.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Principal Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Steven Kent Graves

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

Mng Dir-Real Estate Operation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: 20100803562-1133

Amount of Each Receipt this Period

32.00

**B.**

Full Name (Last, First, Middle Initial)

Steven Kent Graves

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

Mng Dir-Real Estate Operation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: 20100803562-1134

Amount of Each Receipt this Period

32.00

**C.**

Full Name (Last, First, Middle Initial)

Victoria Whitaker Gray

Mailing Address 51 Germantown Ct  
Principal Financial Group, Ste 101

City

Cordova

State

TN

Zip Code

38018-4278

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

Sr Account Exec-Retirement Svc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: 20100803562-1237

Amount of Each Receipt this Period

75.00

**SUBTOTAL** of Receipts This Page (optional) .....

139.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Principal Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Victoria Whitaker Gray

Mailing Address 51 Germantown Ct

Principal Financial Group, Ste 101

City

Cordova

State

TN

Zip Code

38018-4278

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

Sr Account Exec-Retirement Svc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 23 / 2010

Transaction ID: 20100803562-1238

Amount of Each Receipt this Period

75.00

**B.**

Full Name (Last, First, Middle Initial)

Patrick Gregory Halter

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

Head of PrinREI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

476.10

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 09 / 2010

Transaction ID: 20100803562-917

Amount of Each Receipt this Period

31.74

**C.**

Full Name (Last, First, Middle Initial)

Patrick Gregory Halter

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

Head of PrinREI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

476.10

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 23 / 2010

Transaction ID: 20100803562-918

Amount of Each Receipt this Period

31.74

**SUBTOTAL** of Receipts This Page (optional) .....

138.48

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Principal Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mark A. Hanrahan

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

Mng Dir-CRE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: 20100803562-739

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mark A. Hanrahan

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

Mng Dir-CRE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: 20100803562-740

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Loraine N. Hardin

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

VP - PIng, Compl and Prod Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: 20100803562-699

Amount of Each Receipt this Period

35.00

**SUBTOTAL** of Receipts This Page (optional) .....

235.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Principal Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Loraine N. Hardin

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

VP - PIng, Compl and Prod Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: 20100803562-700

Amount of Each Receipt this Period

35.00

**B.**

Full Name (Last, First, Middle Initial)

Monica L. Haun

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

AVP-IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: 20100803562-875

Amount of Each Receipt this Period

19.23

**C.**

Full Name (Last, First, Middle Initial)

Monica L. Haun

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

AVP-IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: 20100803562-876

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional) .....

73.46

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Principal Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Christopher J. Henderson

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

VP & Associate General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: 20100803562-167

Amount of Each Receipt this Period

32.00

**B.**

Full Name (Last, First, Middle Initial)

Christopher J. Henderson

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

VP & Associate General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: 20100803562-168

Amount of Each Receipt this Period

32.00

**C.**

Full Name (Last, First, Middle Initial)

Timothy Allen Hill

Mailing Address 3727 S Hills Way

City

Eagan

State

MN

Zip Code

55123-1215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

National Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: 20100803562-1207

Amount of Each Receipt this Period

18.00

**SUBTOTAL** of Receipts This Page (optional) .....

82.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Principal Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Timothy Allen Hill

Mailing Address 3727 S Hills Way

City

Eagan

State

MN

Zip Code

55123-1215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

National Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: 20100803562-1208

Amount of Each Receipt this Period

18.00

**B.**

Full Name (Last, First, Middle Initial)

Jill Marie Hittner

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

Chief Financial Officer-PGI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

476.10

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: 20100803562-495

Amount of Each Receipt this Period

31.74

**C.**

Full Name (Last, First, Middle Initial)

Jill Marie Hittner

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

Chief Financial Officer-PGI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

476.10

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: 20100803562-496

Amount of Each Receipt this Period

31.74

**SUBTOTAL** of Receipts This Page (optional) .....

81.48

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Principal Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Joyce N. Hoffman

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

SVP & Corporate Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

951.90

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: 20100803562-555

Amount of Each Receipt this Period

63.46

**B.**

Full Name (Last, First, Middle Initial)

Joyce N. Hoffman

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

SVP & Corporate Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

951.90

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: 20100803562-556

Amount of Each Receipt this Period

63.46

**C.**

Full Name (Last, First, Middle Initial)

Roger D. Holton

Mailing Address 7077 Bonneval Rd  
Ste 380

City

Jacksonville

State

FL

Zip Code

32216-6055

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

Managing Director-Unit

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 5 / 2 0 1 0

Transaction ID: 20100803562-1029

Amount of Each Receipt this Period

16.50

**SUBTOTAL** of Receipts This Page (optional) .....

143.42

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Principal Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Roger D. Holton

Mailing Address 7077 Bonneval Rd  
Ste 380

City State Zip Code  
Jacksonville FL 32216-6055

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Principal Life Ins Co.

Occupation  
Managing Director-Unit

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 30 / 2010

Transaction ID: 20100803562-1030

Amount of Each Receipt this Period

16.50

**B.**

Full Name (Last, First, Middle Initial)

Daniel Joseph Houston

Mailing Address 711 High St

City State Zip Code  
Des Moines IA 50392-0001

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Principal Life Ins Co.

Occupation  
President - Ret, Ins & Fin Svc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1755.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 09 / 2010

Transaction ID: 20100803562-211

Amount of Each Receipt this Period

117.00

**C.**

Full Name (Last, First, Middle Initial)

Daniel Joseph Houston

Mailing Address 711 High St

City State Zip Code  
Des Moines IA 50392-0001

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Principal Life Ins Co.

Occupation  
President - Ret, Ins & Fin Svc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1755.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 23 / 2010

Transaction ID: 20100803562-212

Amount of Each Receipt this Period

117.00

**SUBTOTAL** of Receipts This Page (optional) .....

250.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Principal Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Bradley G. Jensen

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

Asst Financial Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

363.38

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: 20100803562-94

Amount of Each Receipt this Period

15.38

**B.**

Full Name (Last, First, Middle Initial)

Clifford P. Karthaus

Mailing Address 19407 Camden Ave

City

Elkhorn

State

NE

Zip Code

68022-1124

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

Regional Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 8 / 2 0 1 0

Transaction ID: 4B65E4A26D330109778

Amount of Each Receipt this Period

55.00

**C.**

Full Name (Last, First, Middle Initial)

Monica Jean Kirgan

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

VP-National Service Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: 20100803562-877

Amount of Each Receipt this Period

36.00

**SUBTOTAL** of Receipts This Page (optional) .....

106.38

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Principal Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Monica Jean Kirgan

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

VP-National Service Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: 20100803562-878

Amount of Each Receipt this Period

36.00

**B.**

Full Name (Last, First, Middle Initial)

Ellen Ruth Lamale

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

SVP & Chief Risk Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: 20100803562-357

Amount of Each Receipt this Period

70.00

**C.**

Full Name (Last, First, Middle Initial)

Ellen Ruth Lamale

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

SVP & Chief Risk Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: 20100803562-358

Amount of Each Receipt this Period

70.00

**SUBTOTAL** of Receipts This Page (optional) .....

176.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Principal Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Blaine William Laverick

Mailing Address 4141 Parklake Ave  
Ste 400

City State Zip Code  
Raleigh NC 27612-2333

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Principal Life Ins Co.

Occupation  
VP-Executive Benefit Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.70

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: 20100803562-78

Amount of Each Receipt this Period

15.38

**B.**

Full Name (Last, First, Middle Initial)

Blaine William Laverick

Mailing Address 4141 Parklake Ave  
Ste 400

City State Zip Code  
Raleigh NC 27612-2333

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Principal Life Ins Co.

Occupation  
VP-Executive Benefit Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.70

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: 20100803562-79

Amount of Each Receipt this Period

15.38

**C.**

Full Name (Last, First, Middle Initial)

Julia M. Lawler-Johnson

Mailing Address 711 High St

City State Zip Code  
Des Moines IA 50392-0001

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Principal Life Ins Co.

Occupation  
Svp & Chief Inv Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

825.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: 20100803562-561

Amount of Each Receipt this Period

55.00

**SUBTOTAL** of Receipts This Page (optional) .....

85.76

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Principal Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Julia M. Lawler-Johnson

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

Svp & Chief Inv Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

825.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: 20100803562-562

Amount of Each Receipt this Period

55.00

**B.**

Full Name (Last, First, Middle Initial)

Richard C. Lawson

Mailing Address 1350 I St NW  
Ste 880

City

Washington

State

DC

Zip Code

20005-7207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

VP-Federal Govt Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: 20100803562-1001

Amount of Each Receipt this Period

38.46

**C.**

Full Name (Last, First, Middle Initial)

Richard C. Lawson

Mailing Address 1350 I St NW  
Ste 880

City

Washington

State

DC

Zip Code

20005-7207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

VP-Federal Govt Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: 20100803562-1002

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional) .....

131.92

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Principal Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Scott Patrick Leiberton

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

Mng Dir-Product Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: 20100803562-1075

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Scott Patrick Leiberton

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

Mng Dir-Product Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: 20100803562-1076

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Terrance Joseph Lillis

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

SVP & Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: 20100803562-1173

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional) .....

80.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Principal Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Terrance Joseph Lillis

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

SVP & Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: 20100803562-1174

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

Gregory Allen Linde

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

VP-Individual Life Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: 20100803562-397

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Gregory Allen Linde

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

VP-Individual Life Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: 20100803562-398

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

90.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Principal Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Denise A. Loomis

Mailing Address 999 5th Ave  
Ste 490

City State Zip Code  
San Rafael CA 94901-2995

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Principal Life Ins Co.

Occupation  
Reg Client Svc Dir-Retirement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: 20100803562-281

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)

Denise A. Loomis

Mailing Address 999 5th Ave  
Ste 490

City State Zip Code  
San Rafael CA 94901-2995

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Principal Life Ins Co.

Occupation  
Reg Client Svc Dir-Retirement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: 20100803562-282

Amount of Each Receipt this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)

Joseph E. Marx

Mailing Address 5500 Main St  
Principal Financial Group

City State Zip Code  
Williamsville NY 14221-6755

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Principal Life Ins Co.

Occupation  
VP Consulting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: 20100803562-545

Amount of Each Receipt this Period

15.00

**SUBTOTAL** of Receipts This Page (optional) .....

45.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Principal Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Joseph E. Marx

Mailing Address 5500 Main St  
Principal Financial Group

City State Zip Code  
 Williamsville NY 14221-6755

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Principal Life Ins Co.

Occupation  
VP Consulting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 2 3 / 2 0 1 0

Transaction ID: 20100803562-546

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)

Chris Lee Mayer

Mailing Address 6200 Park Ave

City State Zip Code  
 Des Moines IA 50321-1270

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Principal Life Ins Co.

Occupation  
CFO-Bank & Trust Segment

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

318.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 0 9 / 2 0 1 0

Transaction ID: 20100803562-153

Amount of Each Receipt this Period

5.00

**C.**

Full Name (Last, First, Middle Initial)

Chris Lee Mayer

Mailing Address 6200 Park Ave

City State Zip Code  
 Des Moines IA 50321-1270

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Principal Life Ins Co.

Occupation  
CFO-Bank & Trust Segment

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

318.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 2 3 / 2 0 1 0

Transaction ID: 20100803562-154

Amount of Each Receipt this Period

5.00

**SUBTOTAL** of Receipts This Page (optional) .....

25.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Principal Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

James P. McCaughan

Mailing Address 888 7th Ave  
 Fl 11

City State Zip Code  
 New York NY 10106-0001

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Principal Life Ins Co.

Occupation  
President Global Asset Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 9 / 2 0 1 0

Transaction ID: 20100803562-421

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

James P. McCaughan

Mailing Address 888 7th Ave  
 Fl 11

City State Zip Code  
 New York NY 10106-0001

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Principal Life Ins Co.

Occupation  
President Global Asset Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 3 / 2 0 1 0

Transaction ID: 20100803562-422

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Daniel John McGee

Mailing Address 13860 Ballantyne Corp Pl  
 Principal Financial Group, Ste 400

City State Zip Code  
 Charlotte NC 28277-3167

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Principal Life Ins Co.

Occupation  
VP-Managing Dir, RIS Distrib

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 9 / 2 0 1 0

Transaction ID: 20100803562-215

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional) .....

240.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Principal Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Daniel John McGee

Mailing Address 13860 Ballantyne Corp Pl

Principal Financial Group, Ste 400

City

Charlotte

State

NC

Zip Code

28277-3167

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

VP-Managing Dir, RIS Distrib

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: 20100803562-216

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

Barbara Ann McKenzie

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

Chief Operations Officer-PGI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: 20100803562-62

Amount of Each Receipt this Period

32.00

**C.**

Full Name (Last, First, Middle Initial)

Barbara Ann McKenzie

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

Chief Operations Officer-PGI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: 20100803562-63

Amount of Each Receipt this Period

32.00

**SUBTOTAL** of Receipts This Page (optional) .....

104.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Principal Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Shelly Marie Meighan

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

AVP-Business Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: 20100803562-1097

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Shelly Marie Meighan

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

AVP-Business Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: 20100803562-1098

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Amy Joan Mills

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

VP & Associate General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: 20100803562-14

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional) .....

88.46

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Principal Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Amy Joan Mills

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

VP & Associate General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: 20100803562-15

Amount of Each Receipt this Period

38.46

**B.**

Full Name (Last, First, Middle Initial)

Timothy Jon Minard

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

SVP Retirement Distribution

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: 20100803562-1211

Amount of Each Receipt this Period

65.00

**C.**

Full Name (Last, First, Middle Initial)

Timothy Jon Minard

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

SVP Retirement Distribution

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: 20100803562-1212

Amount of Each Receipt this Period

65.00

**SUBTOTAL** of Receipts This Page (optional) .....

168.46

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Principal Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Jacque Sue Mohs

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

VP- Dynamic Market Segment

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: 20100803562-409

Amount of Each Receipt this Period

32.00

B.

Full Name (Last, First, Middle Initial)

Jacque Sue Mohs

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

VP- Dynamic Market Segment

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: 20100803562-410

Amount of Each Receipt this Period

32.00

C.

Full Name (Last, First, Middle Initial)

Barbara Carlson Mueller

Mailing Address 6200 Park Ave

City

Des Moines

State

IA

Zip Code

50321-1270

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

Chief Credit Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.70

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: 20100803562-64

Amount of Each Receipt this Period

15.38

SUBTOTAL of Receipts This Page (optional) .....

79.38

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Principal Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Barbara Carlson Mueller

Mailing Address 6200 Park Ave

City

Des Moines

State

IA

Zip Code

50321-1270

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

Chief Credit Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.70

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: 20100803562-65

Amount of Each Receipt this Period

15.38

**B.**

Full Name (Last, First, Middle Initial)

Naim A. Munir

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

VP & Sr Chief Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: 20100803562-879

Amount of Each Receipt this Period

32.00

**C.**

Full Name (Last, First, Middle Initial)

Naim A. Munir

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

VP & Sr Chief Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: 20100803562-880

Amount of Each Receipt this Period

32.00

**SUBTOTAL** of Receipts This Page (optional) .....

79.38

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Principal Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mary Agnes O'Keefe

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

SVP & Chief Marketing Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

663.45

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: 20100803562-787

Amount of Each Receipt this Period

44.23

**B.**

Full Name (Last, First, Middle Initial)

Mary Agnes O'Keefe

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

SVP & Chief Marketing Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

663.45

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: 20100803562-788

Amount of Each Receipt this Period

44.23

**C.**

Full Name (Last, First, Middle Initial)

Gerald W. Patterson

Mailing Address 521 5th Ave  
5th Floor - Nlia

City

New York

State

NY

Zip Code

10175-0003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

COO - Nippon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

432.75

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: 20100803562-381

Amount of Each Receipt this Period

28.85

**SUBTOTAL** of Receipts This Page (optional) .....

117.31

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Principal Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Gerald W. Patterson

Mailing Address 521 5th Ave  
5th Floor - Nlia

City State Zip Code  
New York NY 10175-0003

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Principal Life Ins Co.

Occupation  
COO - Nippon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

432.75

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: 20100803562-382

Amount of Each Receipt this Period

28.85

**B.**

Full Name (Last, First, Middle Initial)

Karen Arlene Pearston

Mailing Address 711 High St

City State Zip Code  
Des Moines IA 50392-0001

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Principal Life Ins Co.

Occupation  
VP & Associate General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.66

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: 20100803562-587

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Karen Arlene Pearston

Mailing Address 711 High St

City State Zip Code  
Des Moines IA 50392-0001

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Principal Life Ins Co.

Occupation  
VP & Associate General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.66

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: 20100803562-588

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

78.85

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Principal Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Merle T. Pederson

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

VP-Govt Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: 20100803562-819

Amount of Each Receipt this Period

32.00

**B.**

Full Name (Last, First, Middle Initial)

Merle T. Pederson

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

VP-Govt Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: 20100803562-820

Amount of Each Receipt this Period

32.00

**C.**

Full Name (Last, First, Middle Initial)

Peter John Prodoehl

Mailing Address 11821 Palm Beach Blvd  
Unit 126

City

Fort Myers

State

FL

Zip Code

33905-5908

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

VP Consulting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: 20100803562-945

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional) .....

83.23

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Principal Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Peter John Prodoehl

Mailing Address 11821 Palm Beach Blvd  
Unit 126

City State Zip Code  
Fort Myers FL 33905-5908

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Principal Life Ins Co.

Occupation  
VP Consulting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: 20100803562-946

Amount of Each Receipt this Period

19.23

**B.**

Full Name (Last, First, Middle Initial)

Jeffrey K. Rader

Mailing Address 711 High St

City State Zip Code  
Des Moines IA 50392-0001

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Principal Life Ins Co.

Occupation  
Head of Financial Communicatio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: 20100803562-465

Amount of Each Receipt this Period

16.00

**C.**

Full Name (Last, First, Middle Initial)

Jeffrey K. Rader

Mailing Address 711 High St

City State Zip Code  
Des Moines IA 50392-0001

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Principal Life Ins Co.

Occupation  
Head of Financial Communicatio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: 20100803562-466

Amount of Each Receipt this Period

16.00

**SUBTOTAL** of Receipts This Page (optional) .....

51.23

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Principal Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Christopher J. Reddy

Mailing Address 888 7th Ave  
FI 25

City State Zip Code  
New York NY 10106-2599

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Principal Life Ins Co.

Occupation  
Chief Admin Officer-PGI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

337.43

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: 20100803562-169

Amount of Each Receipt this Period

22.83

**B.**

Full Name (Last, First, Middle Initial)

Christopher J. Reddy

Mailing Address 888 7th Ave  
FI 25

City State Zip Code  
New York NY 10106-2599

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Principal Life Ins Co.

Occupation  
Chief Admin Officer-PGI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

337.43

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: 20100803562-170

Amount of Each Receipt this Period

22.85

**C.**

Full Name (Last, First, Middle Initial)

R. Lucia Riddle

Mailing Address 1350 I St NW  
Ste 880

City State Zip Code  
Washington DC 20005-7207

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Principal Life Ins Co.

Occupation  
VP-Federal Govt Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: 20100803562-959

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

95.68

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Principal Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

R. Lucia Riddle

Mailing Address 1350 I St NW  
Ste 880

City State Zip Code  
Washington DC 20005-7207

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Principal Life Ins Co.

Occupation  
VP-Federal Govt Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: 20100803562-960

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Michael Dennis Roughton

Mailing Address 711 High St

City State Zip Code  
Des Moines IA 50392-0001

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Principal Life Ins Co.

Occupation  
VP & Associate General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: 20100803562-847

Amount of Each Receipt this Period

32.00

**C.**

Full Name (Last, First, Middle Initial)

Michael Dennis Roughton

Mailing Address 711 High St

City State Zip Code  
Des Moines IA 50392-0001

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Principal Life Ins Co.

Occupation  
VP & Associate General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: 20100803562-848

Amount of Each Receipt this Period

32.00

**SUBTOTAL** of Receipts This Page (optional) .....

114.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Principal Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Angela Rae Sanders

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

Chief Accounting Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: 20100803562-32

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Angela Rae Sanders

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

Chief Accounting Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: 20100803562-33

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Irene Susan Scalfani

Mailing Address 888 7th Ave  
FI 25

City

New York

State

NY

Zip Code

10106-2599

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

Dir-Alliance Mgmt Group, RIS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.70

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: 20100803562-407

Amount of Each Receipt this Period

15.38

**SUBTOTAL** of Receipts This Page (optional) .....

55.38

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Principal Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Irene Susan Scaffani

Mailing Address 888 7th Ave  
 FI 25

City State Zip Code  
 New York NY 10106-2599

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Principal Life Ins Co.

Occupation  
Dir-Alliance Mgmt Group, RIS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.70

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 3 / 2 0 1 0

Transaction ID: 20100803562-408

Amount of Each Receipt this Period

15.38

**B.**

Full Name (Last, First, Middle Initial)

Renee Vachelle Schaaf

Mailing Address 1275 NW 128th St  
 Ste 100

City State Zip Code  
 Clive IA 50325-7450

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Principal Life Ins Co.

Occupation  
VP-Natl Accts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 9 / 2 0 1 0

Transaction ID: 20100803562-981

Amount of Each Receipt this Period

32.00

**C.**

Full Name (Last, First, Middle Initial)

Renee Vachelle Schaaf

Mailing Address 1275 NW 128th St  
 Ste 100

City State Zip Code  
 Clive IA 50325-7450

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Principal Life Ins Co.

Occupation  
VP-Natl Accts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 3 / 2 0 1 0

Transaction ID: 20100803562-982

Amount of Each Receipt this Period

32.00

**SUBTOTAL** of Receipts This Page (optional) .....

79.38

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Principal Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

John Dennis Schmidt

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

VP & Associate General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: 20100803562-519

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

John Dennis Schmidt

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

VP & Associate General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: 20100803562-520

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

Gary Paul Scholten

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

SVP & CIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: 20100803562-377

Amount of Each Receipt this Period

45.00

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Principal Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Gary Paul Scholten

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation  
SVP & CIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: 20100803562-378

Amount of Each Receipt this Period

45.00

**B.**

Full Name (Last, First, Middle Initial)

Jeffrey D. Schreiber

Mailing Address 201 Jones Rd  
Principal Financial Grp

City

Waltham

State

MA

Zip Code

02451-1600

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation  
VP of Bus Development-Tpa

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.70

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: 20100803562-467

Amount of Each Receipt this Period

15.38

**C.**

Full Name (Last, First, Middle Initial)

Jeffrey D. Schreiber

Mailing Address 201 Jones Rd  
Principal Financial Grp

City

Waltham

State

MA

Zip Code

02451-1600

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation  
VP of Bus Development-Tpa

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.70

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: 20100803562-468

Amount of Each Receipt this Period

15.38

**SUBTOTAL** of Receipts This Page (optional) .....

75.76

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Principal Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Edward M. Schuh

Mailing Address 2732 Daniel Ave

City

Dallas

State

TX

Zip Code

75205-1512

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

Sr Investment Spclst-External

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: 20100803562-347

Amount of Each Receipt this Period

16.00

**B.**

Full Name (Last, First, Middle Initial)

Edward M. Schuh

Mailing Address 2732 Daniel Ave

City

Dallas

State

TX

Zip Code

75205-1512

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

Sr Investment Spclst-External

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: 20100803562-348

Amount of Each Receipt this Period

16.00

**C.**

Full Name (Last, First, Middle Initial)

Karen Elizabeth Shaff

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

Exec VP & General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: 20100803562-589

Amount of Each Receipt this Period

110.00

**SUBTOTAL** of Receipts This Page (optional) .....

142.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Principal Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Karen Elizabeth Shaff

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

Exec VP & General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: 20100803562-590

Amount of Each Receipt this Period

110.00

**B.**

Full Name (Last, First, Middle Initial)

Laurel Jean Shultz

Mailing Address 111 W State St

City

Mason City

State

IA

Zip Code

50401-3131

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

VP - Operations & Quality

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

495.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: 20100803562-659

Amount of Each Receipt this Period

33.00

**C.**

Full Name (Last, First, Middle Initial)

Laurel Jean Shultz

Mailing Address 111 W State St

City

Mason City

State

IA

Zip Code

50401-3131

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

VP - Operations & Quality

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

495.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: 20100803562-660

Amount of Each Receipt this Period

33.00

**SUBTOTAL** of Receipts This Page (optional) .....

176.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Principal Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Ellen Wilson Shumway

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

Exec Director- Affiliate Op

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: 20100803562-359

Amount of Each Receipt this Period

32.00

**B.**

Full Name (Last, First, Middle Initial)

Ellen Wilson Shumway

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

Exec Director- Affiliate Op

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: 20100803562-360

Amount of Each Receipt this Period

32.00

**C.**

Full Name (Last, First, Middle Initial)

Tom Smith

Mailing Address 2000 Riveredge Pkwy NW  
Ste 1000

City

Atlanta

State

GA

Zip Code

30328-4657

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

Regional VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

432.75

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: 20100803562-1221

Amount of Each Receipt this Period

28.85

**SUBTOTAL** of Receipts This Page (optional) .....

92.85

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Principal Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Tom Smith

Mailing Address 2000 Riveredge Pkwy NW  
Ste 1000

City State Zip Code  
Atlanta GA 30328-4657

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Principal Life Ins Co.

Occupation  
Regional VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

432.75

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: 20100803562-1222

Amount of Each Receipt this Period

28.85

**B.**

Full Name (Last, First, Middle Initial)

Norman R. Sorensen

Mailing Address 711 High St

City State Zip Code  
Des Moines IA 50392-0001

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Principal International,  
Inc.

Occupation  
Pres Int'l Asset Mgmt & Accum

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.80

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: 20100803562-903

Amount of Each Receipt this Period

76.92

**C.**

Full Name (Last, First, Middle Initial)

Norman R. Sorensen

Mailing Address 711 High St

City State Zip Code  
Des Moines IA 50392-0001

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Principal International,  
Inc.

Occupation  
Pres Int'l Asset Mgmt & Accum

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.80

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: 20100803562-904

Amount of Each Receipt this Period

76.92

**SUBTOTAL** of Receipts This Page (optional) .....

182.69

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Principal Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Kathleen M. Souhrada

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

AVP-Recruiting & Diversity

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.70

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: 20100803562-603

Amount of Each Receipt this Period

15.38

**B.**

Full Name (Last, First, Middle Initial)

Kathleen M. Souhrada

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

AVP-Recruiting & Diversity

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.70

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: 20100803562-604

Amount of Each Receipt this Period

15.38

**C.**

Full Name (Last, First, Middle Initial)

Deanna Dawnette Strable-Soethout

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

SVP Ind Life & Spec Benefits

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

951.90

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: 20100803562-257

Amount of Each Receipt this Period

63.46

**SUBTOTAL** of Receipts This Page (optional) .....

94.22

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Principal Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Deanna Dawnette Strable-Soethout

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

SVP Ind Life & Spec Benefits

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

951.90

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: 20100803562-258

Amount of Each Receipt this Period

63.46

**B.**

Full Name (Last, First, Middle Initial)

Michael Jerome Streck

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

AVP & Corporate Actuary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: 20100803562-849

Amount of Each Receipt this Period

15.40

**C.**

Full Name (Last, First, Middle Initial)

Michael Jerome Streck

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

AVP & Corporate Actuary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: 20100803562-850

Amount of Each Receipt this Period

15.40

**SUBTOTAL** of Receipts This Page (optional) .....

94.26

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Principal Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Maurice Randall Strickland

Mailing Address 888 7th Ave  
FI 25

City State Zip Code  
New York NY 10106-2599

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Principal Life Ins Co.

Occupation  
Mng Dir-Consultant Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

223.27

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: 20100803562-807

Amount of Each Receipt this Period

9.62

**B.**

Full Name (Last, First, Middle Initial)

Maurice Randall Strickland

Mailing Address 888 7th Ave  
FI 25

City State Zip Code  
New York NY 10106-2599

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Principal Life Ins Co.

Occupation  
Mng Dir-Consultant Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

223.27

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: 20100803562-808

Amount of Each Receipt this Period

9.62

**C.**

Full Name (Last, First, Middle Initial)

Karen S. Thomann

Mailing Address 711 High St

City State Zip Code  
Des Moines IA 50392-0001

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Principal Life Ins Co.

Occupation  
VP & CIO-Retire Investor Svcs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

476.10

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: 20100803562-593

Amount of Each Receipt this Period

31.74

**SUBTOTAL** of Receipts This Page (optional) .....

50.98

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Principal Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Karen S. Thomann

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

VP & CIO-Retire Investor Svcs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

476.10

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: 20100803562-594

Amount of Each Receipt this Period

31.74

**B.**

Full Name (Last, First, Middle Initial)

Daniel J. Thomas

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

Asst Dir - IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.70

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: 20100803562-219

Amount of Each Receipt this Period

15.38

**C.**

Full Name (Last, First, Middle Initial)

Daniel J. Thomas

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

Asst Dir - IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.70

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: 20100803562-220

Amount of Each Receipt this Period

15.38

**SUBTOTAL** of Receipts This Page (optional) .....

62.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Principal Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Terrence Michael Tobin

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

Director-Prin Enterprise Cap

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: 20100803562-1175

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Terrence Michael Tobin

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

Director-Prin Enterprise Cap

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: 20100803562-1176

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Leanne M. Valentine

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

VP & Associate General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

476.10

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: 20100803562-669

Amount of Each Receipt this Period

31.74

**SUBTOTAL** of Receipts This Page (optional) .....

81.74

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Principal Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Leanne M. Valentine

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

VP & Associate General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

476.10

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: 20100803562-670

Amount of Each Receipt this Period

31.74

**B.**

Full Name (Last, First, Middle Initial)

Luke Joseph Vandermillen

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

VP RIS Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: 20100803562-717

Amount of Each Receipt this Period

35.00

**C.**

Full Name (Last, First, Middle Initial)

Luke Joseph Vandermillen

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

VP RIS Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: 20100803562-718

Amount of Each Receipt this Period

35.00

**SUBTOTAL** of Receipts This Page (optional) .....

101.74

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Principal Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Joseph B. Wallace

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

Director-Capital Markets

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: 20100803562-551

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)

Joseph B. Wallace

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

Director-Capital Markets

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: 20100803562-552

Amount of Each Receipt this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)

Steven Whitty

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

VP Corporate Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: 20100803562-1145

Amount of Each Receipt this Period

32.00

**SUBTOTAL** of Receipts This Page (optional) .....

62.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Principal Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Steven Whitty

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

VP Corporate Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: 20100803562-1146

Amount of Each Receipt this Period

32.00

**B.**

Full Name (Last, First, Middle Initial)

Richard Harrison Wireman, II

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

AVP-Tax Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: 20100803562-1009

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Richard Harrison Wireman, II

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

AVP-Tax Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: 20100803562-1010

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

72.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 / 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Principal Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Larry Donald Zimpleman

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

Chairman, President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2676.87

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: 20100803562-655

Amount of Each Receipt this Period

192.30

**B.**

Full Name (Last, First, Middle Initial)

Larry Donald Zimpleman

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

Chairman, President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2676.87

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: 20100803562-656

Amount of Each Receipt this Period

192.30

**SUBTOTAL** of Receipts This Page (optional) .....

384.60

**TOTAL** This Period (last page this line number only) .....

8018.45

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 79 / 84

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Principal Life Insurance Company Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Braley for Congress	<b>Transaction ID:</b> 75E3FE39E471D89C73A <b>Date of Disbursement</b>																				
Mailing Address PO Box 390	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		1	2		2	0	1	0												
City Waterloo State IA Zip Code 50704	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement 2010 General	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Bruce L. Braley	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Ed Royce for Congress	<b>Transaction ID:</b> 7A362922891AFA3735E <b>Date of Disbursement</b>																				
Mailing Address PO Box 2525	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		1	4		2	0	1	0												
City Orange State CA Zip Code 92859	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement 2010 General	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Edward R. Royce	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 40	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Friends of Kent Conrad	<b>Transaction ID:</b> F5151DABA7E18D74ADB <b>Date of Disbursement</b>																				
Mailing Address PO Box 812	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		1	2		2	0	1	0												
City Bismarck State ND Zip Code 58502	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement 2012 General	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Kent Conrad	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ND District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 80 / 84

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Principal Life Insurance Company Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Melissa Bean for Congress Mailing Address PO Box 3068	<b>Transaction ID:</b> 7AFDF547F2CA03F5F49 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	4		2	0	1	0			
M	M	/	D	D	/	Y	Y	Y	Y															
0	7		1	4		2	0	1	0															
City State Zip Code Barrington IL 60010 Purpose of Disbursement 2010 General Candidate Name Melissa Luburich Bean Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 08	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>1000.00</td> </tr> </table> <table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	1000.00	011	Category/ Type																				
1000.00																								
011																								
Category/ Type																								
<b>B.</b> Full Name (Last, First, Middle Initial) Republican Mainstreet Partnership Pac Mailing Address C/O G & W 2201 Wisconsin Ave. NW Suite 320 City State Zip Code Washington DC 20007 Purpose of Disbursement Original check #2269 lost. Issued stop payment on check #2269. Reissued check #2387 on 07/12/2010. Candidate Name Republican Mainstreet Partnership Pac Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> 4EF20FD60BF231E893A <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>-2500.00</td> </tr> </table> <table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	2		2	0	1	0	-2500.00	011	Category/ Type
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0	7		1	2		2	0	1	0															
-2500.00																								
011																								
Category/ Type																								
<b>C.</b> Full Name (Last, First, Middle Initial) Republican Mainstreet Partnership Pac Mailing Address C/O G & W 2201 Wisconsin Ave. NW Suite 320 City State Zip Code Washington DC 20007 Purpose of Disbursement 2010 Contribution Candidate Name Republican Mainstreet Partnership Pac Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Contribution	<b>Transaction ID:</b> 452C4B226F2A602EBFE <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>2500.00</td> </tr> </table> <table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	4		2	0	1	0	2500.00	011	Category/ Type
M	M	/	D	D	/	Y	Y	Y	Y															
0	7		1	4		2	0	1	0															
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Category/ Type																								
<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ►	<table border="1"> <tr> <td>1000.00</td> </tr> </table> <table border="1"> <tr> <td>4000.00</td> </tr> </table>	1000.00	4000.00																					
1000.00																								
4000.00																								



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 81 / 84

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Principal Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Courtney for State Senate Committee

Mailing Address 2200 Summer Street

City  
Burlington

State  
IA

Zip Code  
52601

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

011

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 7BFDCBC3FCD527C5D97

Date of Disbursement

07 / 13 / 2010

Amount of Each Disbursement this Period

750.00

**B.**

Full Name (Last, First, Middle Initial)

Cownie for Statehouse

Mailing Address 686 58th Place

City  
West Des Moines

State  
IA

Zip Code  
50266

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

011

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 80CD58F37A497A256B9

Date of Disbursement

07 / 07 / 2010

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Friends of Helland

Mailing Address 505 NW Morningside Drive

City  
Grimes

State  
IA

Zip Code  
50111

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

011

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 13DC2534F7A0DFBFFE8

Date of Disbursement

07 / 08 / 2010

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

2750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 82 / 84

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Principal Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Huser for State Representative

Mailing Address 213 7th Street NW

City  
Altoona

State  
IA

Zip Code  
50009

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

011

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 2EC66EA96835EE98978

Date of Disbursement

07 / 06 / 2010

Amount of Each Disbursement this Period

750.00

**B.**

Full Name (Last, First, Middle Initial)

Johnson for Senate District No. 3

Mailing Address P.O. Box 279

City  
Ocheyedan

State  
IA

Zip Code  
51354-0279

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

011

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** EC03C4A4C9C7CAD590B

Date of Disbursement

07 / 14 / 2010

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Kettering Campaign

Mailing Address 272 Crescent Park Drive

City  
Lake View

State  
IA

Zip Code  
51450

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

011

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** E196E4270620B8B13BE

Date of Disbursement

07 / 14 / 2010

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

2750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 83 / 84

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Principal Life Insurance Company Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Mark Smith for Iowa House	<b>Transaction ID:</b> 39EF31EFF2DF3CB0617 <b>Date of Disbursement</b>																				
Mailing Address 816 Roberts Terrace	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		1	3		2	0	1	0												
City Marshalltown State IA Zip Code 50158	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Nonfederal Contribution Candidate Name	<table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	500.00																			
500.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Nancy Boettger for State Senate Committee	<b>Transaction ID:</b> 681C3C0C1AAA4202600 <b>Date of Disbursement</b>																				
Mailing Address 926 Ironwood Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	4		2	0	1	0
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0	7		1	4		2	0	1	0												
City Harlan State IA Zip Code 51537	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Nonfederal Contribution Candidate Name	<table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	500.00																			
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Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) People for Roger Thomas	<b>Transaction ID:</b> CE2785C32074A1CCEDD <b>Date of Disbursement</b>																				
Mailing Address 17658 Domino Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		1	3		2	0	1	0												
City Elkader State IA Zip Code 52043	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Nonfederal Contribution Candidate Name	<table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	500.00																			
500.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 84 / 84

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Principal Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ward for Senate

Mailing Address 1545 Glen Oaks Drive

City State Zip Code  
West Des Moines IA 50266Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

011  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 74CF645B5D7B2BDC61D

Date of Disbursement

M M / D D / Y Y Y Y  
0 7 / 1 4 / 2 0 1 0

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) ►

500.00

TOTAL This Period (last page this line number only) ►

7500.00